FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	330860	
<015>	Study Area Name	CHEQUAMEGON COM COOP	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Daryn Parker	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7192664334 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	dparker@tcatel.com	
	Form Type	54.313 and 54.422	

	ervice Quality Improvement Reporting ollection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-08: July 2013	19
<010>	Study Area Code	330860			
<015>	Study Area Name	CHEQUAMEGON COM	COOP		
<020>	Program Year	2017			
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker			
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.	.com		
<110>	Has your company received its ETC certification from the FCC?  If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / r			
<111>	year plan" filed with the FCC?	(yes / r	10) 🔘 🔘		
<112>	If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service.		30860WI112.pdf		
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall submitted at the wire center level or census block as appropriate.	e-year		Name of Attached Document	
<113>	Maps detailing progress towards meeting plan targets		Yes		
<114>	Report how much universal service (USF) support was received		Yes		
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality	Yes		
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage.	prove service coverac	ge Yes	<b>i</b>	
<117>	How much (USF) was used to improve service capacity and how support was used to imp	-		╡	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		Not Applicable	j	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

Contact Telep	e - Person USAC hone Number - Address - Emai	Number of pe	rson identified	in data line <0		r											
Study Area Na Program Year Contact Name Contact Telep Contact Email	e - Person USAC hone Number - Address - Emai	Number of pe	rson identified	in data line <0	CHEQUAMEGON 2017 Daryn Parke	r											
Program Year Contact Name Contact Telep Contact Email	e - Person USAC hone Number - Address - Emai	Number of pe	rson identified	in data line <0	2017 Daryn Parke	r											
Contact Name Contact Telep Contact Email	e - Person USAC hone Number - Address - Emai	Number of pe	rson identified	in data line <0	Daryn Parke												
Contact Telep	hone Number - Address - Emai	Number of pe	rson identified	in data line <0													
Contact Email	Address - Emai				30> 7192664334	evt	Contact Name - Person USAC should contact regarding this data Daryn Parker										
		il Address of pe	erson identified	: : O		Contact Telephone Number - Number of person identified in data line <030> $7192664334$ ext.											
				in data line <u< td=""><td colspan="9">Contact Email Address - Email Address of person identified in data line &lt;030&gt; dparker@tcatel.com</td></u<>	Contact Email Address - Email Address of person identified in data line <030> dparker@tcatel.com												
Tor the prior	r calendar yea	r, were there	e any reportal			No											
<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>						
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures						
	<a> NORS Reference</a>	<a> <b1> NORS Reference Outage Start</b1></a>	<a> <b1> <b2> NORS Reference Outage Start Outage Start</b2></b1></a>	<a> <b1> <b2> <b2> <b3> <b3> <b2> <b3> <b3> <b3> <b3> <b3> <b3> <b3> <b3< td=""><td><a> <b1> <b2> <b2> <b3> <b3> <b4> <b4> <b2 <b3=""> <b4> <b4> <b4 <b1=""> Outage End  Outage End</b4></b4></b4></b2></b4></b4></b3></b3></b2></b2></b1></a></td><td>NORS Reference Outage Start Outage Start Outage End Outage End Number of</td><td>NORS Reference Number Date Outage Start Time Outage End Date Outage End Date Number of Customers Affected Total Number of Customers Affected</td><td>NORS Reference Outage Start Number Date Date Outage End Customers Affected Outage Start Form Time Customers Affected Total Number of Affected</td><td>NORS Reference Outage Start Number Date Date Outage End Date Outage End Date Date Outage End Date Number of Customers Affected Outage Start Total Number of Affected Description (Check</td><td>NORS Reference Outage Start Number Date Date Time Voltage Start Voltage End Date Time Date Voltage Start Voltage Start Voltage End Dutage End Dutage End Dutage End Customers Affected Customers Affected Total Number of Total Number of Affected Affect Multiple Description (Check Study Areas</td><td>NORS Reference Outage Start Number Date Date Time Time Outage End Date Number of Customers Affected Outage Start Time Total Number of Customers Affected Total Number of Affected Affected Description (Check Study Areas Service Outage Start Description (Check Study Areas Service Outage Start Date Date</td></b3<></b3></b3></b3></b3></b3></b3></b3></b2></b3></b3></b2></b2></b1></a>	<a> <b1> <b2> <b2> <b3> <b3> <b4> <b4> <b2 <b3=""> <b4> <b4> <b4 <b1=""> Outage End  Outage End</b4></b4></b4></b2></b4></b4></b3></b3></b2></b2></b1></a>	NORS Reference Outage Start Outage Start Outage End Outage End Number of	NORS Reference Number Date Outage Start Time Outage End Date Outage End Date Number of Customers Affected Total Number of Customers Affected	NORS Reference Outage Start Number Date Date Outage End Customers Affected Outage Start Form Time Customers Affected Total Number of Affected	NORS Reference Outage Start Number Date Date Outage End Date Outage End Date Date Outage End Date Number of Customers Affected Outage Start Total Number of Affected Description (Check	NORS Reference Outage Start Number Date Date Time Voltage Start Voltage End Date Time Date Voltage Start Voltage Start Voltage End Dutage End Dutage End Dutage End Customers Affected Customers Affected Total Number of Total Number of Affected Affect Multiple Description (Check Study Areas	NORS Reference Outage Start Number Date Date Time Time Outage End Date Number of Customers Affected Outage Start Time Total Number of Customers Affected Total Number of Affected Affected Description (Check Study Areas Service Outage Start Description (Check Study Areas Service Outage Start Date Date						

•	fulfilled Service Request ection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control July 2013	l No. 3060-0819
<010>	Study Area Code		330860			
<015>	Study Area Name		CHEQUAMEGON COM COOP			
<020>	Program Year		2017			
<030>	<030> Contact Name - Person USAC should contact regarding this data		Daryn Parker			
<035>	Contact Telephone Number - Number of person identifie	7192664334 ext.				
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	dparker@tcatel.com			
<300> U	infulfilled service request (voice)		0			
<310> [	Detail on attempts (voice)					
		Nam	e of Attached Document			
<320>	Unfulfilled service request (broadband)		0			
<330>	Detail on attempts (broadband)					_
		1	Name of Attached Document			

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	330860	
<015>	Study Area Name	CHEQUAMEGON COM COOP	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should conta	ct regarding this data Daryn	Parker
<035>	Contact Telephone Number - Number of p <030>		7192664334 ext.
<039>	Contact Email Address - Email Address of p <030>	person identified in data line	dparker@tcatel.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or of	telephony service in the prior hyou are designated an ETC fo	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed v	oice	0.0
<420>	Complaints per 1000 customers for mobile	voice	
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or greathe prior calendar year for each service are an ETC for any facilities you own, operate,	ater) for broadband service in a in which you are designated	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed b	roadband	0.0
<450>	Complaints per 1000 customers for mobile	broadband	

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	330860	
<015>	Study Area Name	CHEQUAMEGON COM COOP	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com	
<500>	Certify compliance with applicable service quality standards and consumer pro	otection rules Yes	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	330860WI510.pdf ules Compliance	

(600) F	unctionality in Emergency Situations		FCC Form 481
Data C	ollection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	330860	
<015>	Study Area Name	CHEQUAMEGON COM COOP	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com	
<600>	Certify compliance regarding ability to function in emergency situations	Yes	
<610>	Descriptive document for Functionality in Emergency Situations	330860WI610.pdf	

•	ice Offerings including Voice Rate Data Illection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	330860	
<015>	Study Area Name	CHEQUAMEGON COM COOP	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding	this data Daryn Parker	
<035>	Contact Telephone Number - Number of person identif	ed in data line <030> 7192664334 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030> dparker@tcatel.com	
	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	1/1/2016 21.95	

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
	<b>a.</b> .	()	(2==2)		Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fee
					0	(			
					See at	tached worksheet			

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 3:	30860
<015>	Study Area Name	CHEQUAMEGON COM COOP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
-	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
-									
-									
-									
				See attac	hed				
-				worksheet -					
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}									
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(800) Operating Companies			FCC Form 481
Data Coll	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	330860	
<015>	Study Area Name	CHEQUAMEGON COM COOP	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com	

<810>	Reporting Carrier	Chequamegon Communications Coop.
<811>	Holding Company	Chequamegon Communications Cooperative, Inc.
<812>	Operating Company	Norvado, Inc.

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-	See atta	ched worksh	eet
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(900) Tribal Lands Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> S	Study Area Code	330860	
	Study Area Name	CHEQUAMEGON COM COOP	
<020> P	Program Year	2017	
<030> C	Contact Name - Person USAC should contact regarding this data	Daryn Parker	
<035> C	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.	
<039> C	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com	
<900> I	Does the filing entity offer tribal land services? (Y/N)	Yes	
<910> T	Tribal Land(s) on which ETC Serves	La Courte Oreilles Bad River	
<920> T	Tribal Government Engagement Obligation	330860WI920.pdf  Name of Attache	ed Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to  $\S$  54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal
	community anchor institutions.
<922>	Feasibility and sustainability planning;
<923>	Marketing services in a culturally sensitive manner;
<924>	Compliance with Rights of way processes
<925>	Compliance with Land Use permitting requirements
<926>	Compliance with Facilities Siting rules
<927>	Compliance with Environmental Review processes
<928>	Compliance with Cultural Preservation review processes
<929>	Compliance with Tribal Business and Licensing requirements.

Select
Yes or No or
Not Applicable
Yes
Yes

	oice and Broadband Service Rate Comparability ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013	19
<010>	Study Area Code	330860	
<015>	Study Area Name	CHEQUAMEGON COM COOP	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker	
<035>	Contact Telephone Number - Number of person identified in data line <030	0> 7192664334 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <03	0> dparker@tcatel.com	
<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance		
		Name of Attached Document	
<1020>		Yes - Pricing is no more than the most recent applicable benchmark announce the Wireline Competition Bureau	ed by
<1030>	Attach detailed description for broadband comparability compliance		
		Name of Attached Document	

(1100) N	1100) No Terrestrial Backhaul Reporting FCC Form 481			
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	330860		
<015>	Study Area Name	CHEQUAMEGON COM COOP		
<020>	Program Year	2017		
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker		
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com		
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps		

(1200) Te	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
·		
<010>	Study Area Code	330860
<015>	Study Area Name	CHEQUAMEGON COM COOP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com
	Г	330860WI1210.pdf
<1210>	Torms & Conditions of Voice Telephony Lifeline Plans	
<b>\1210</b> >	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website	
112202	Link to Public Website HTTP	
	<del>-</del>	
"Please ch	neck these boxes below to confirm that the attached document(s), on line 1210,	
	bsite listed, on line 1220, contains the required information pursuant to	
	a)(2) annual reporting for ETCs receiving low-income support, carriers must	
annually r		
armaany r		
<1221>	Information describing the terms and conditions of any voice	
	telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Price C	Cap Carrier Additional Documentation	FCC Fc	ırm 481
Data Collection	on Form	OMB 0	Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate	e-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 20	13
242	dv Area Code 330860		
	dy Area Code 330860 dy Area Name CHEQUAMEGON COM COOP		
	gram Year 2017		
	ntact Name - Person USAC should contact regarding this data  Daryn Parker  Daryn Parker		
	ntact Telephone Number - Number of person identified in data line <030> 7192664334 ext.		
<039> Cor	ntact Email Address - Email Address of person identified in data line <030> dparker@tcatel.com		
	appropriate responses below (Yes, No, Not Applicable) to note compliance as a recip		•
and Conne	ect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information	ation reported on this form and in the docume	nts attached below is accurate.
Inc	cremental Connect America Phase I reporting		
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1		
\2010>	2016 certification, this applies to Round 2 recipients of Incremental		
	Support		
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1		
	2016 certification, this applies to Round 1 recipients of Incremental		
	Support		
<2022>	Recipient certifies, representing year two after filing a notice of		
\2022>	acceptance of funding pursuant to 54.312(c), that the locations in		
	question are not receiving support under the Broadband Initiatives		
	Program or the Broadband Technology Opportunities Program for		
	projects that will provide broadband with speeds of at least 4		
	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of		
<2023>			
	capital funding expended in the previous year in meeting Connect		
	America Phase I deployment obligations, accompanied by a list of census		
	blocks indicating where funding was spent. This covers year two -		
	54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
\2024A>	Nound 2 Necipient of meremental support:		
20245	Association of a constant in the desirable control of the discourse of the	Name of Attacked Decomposit Listing	
<2024B>	Attach list of census blocks indicating where funding was spent in year	Name of Attached Document Listing	
	two - 54.313(b)(2)(ii). Round 2 recipients only.	Required Information	
<2025A>	Round 1 or Round 2 Recipient of Incremental Support?		
	·		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 1 for	Name of Attached Document Listing	
~ZUZ3D>		=	
	year three and Round 2 for year two) - Connect America Fund , WC	Required Information	
	Docket 10-90, Report and Order, FCC 13-		
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2000) Price Cap Carrier Additional Documentation (Continued) Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013	
<2016>	Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband		
	: America Phase II Reporting {47 CFR § 54.313(e)}		
<2017A>	Connect America Fund Phase II recipient?		
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information	
<2018>	cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Name of Attached Document Listing Required Information	
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)		
<2020>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)		
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)		
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)		
<2027>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)		

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	330860
<015>	Study Area Name	CHEQUAMEGON COM COOP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(2000)	Progress Report on 5 Year Plan		
(3009)	Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certific	330860WI3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	•	No - No New Community Anchors	
(3012B)	54.313(f)(1)(ii)} Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports	~	
	(Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		330860WI3017.pdf
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No)	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

## **REDACTED - FOR PUBLIC INSPECTION**

# **REDACTED**

[The Financial Data Summary (FCC Form 481;Lines 3027-3034) of Chequamegon Communications Cooperative filed pursuant to 47 C.F.R. § 54.313(f)(2) is redacted in its entirety as Highly Confidential Information]

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	330860
<015>	Study Area Name	CHEQUAMEGON COM COOP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> dparker@tcatel.com

### **4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

#### Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

#### Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

#### If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	330860
<015>	Study Area Name	CHEQUAMEGON COM COOP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: CHEQUAMEGON COM COOP

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: 330860

Filing Due Date for this form: 07/01/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	330860	
<015>	Study Area Name	CHEQUAMEGON COM COOP	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.	

dparker@tcatel.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

is authorized to submit the information reported on behalf of the reporting carrier. nsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ovided to the authorized agent is accurate.
Date:
Filing Due Date for this form:

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File A	annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the ar the data reported herein based on data provided by the reporting carrier; and, t	inual reports for universal service support recipients on behalf of the reporting carrier; I have provided o the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, ,	or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title the United States Code, 18 U.S.C. § 1001.



## **REDACTED - FOR PUBLIC INSPECTION**

# **REDACTED**

[The Progress Report of Chequamegon Communications Cooperative Filed Pursuant to 47 C.F.R. § 54.313(a)(1) is redacted in its entirety as Highly Confidential Information]

SAC: 330860 State: Wisconsin

Chequamegon Communications Cooperative, Inc.

Form 481 Line No.: 510 Service Quality Standards and Consumer Protection Rules Compliance

Chequamegon Communications Cooperative, Inc. ("Chequamegon") complies with the Public Service Commission of Wisconsin ("PSC") applicable Orders and the PSC Wisconsin Administrative Code when providing telecommunications service. Chapter PSC 165 Standards for Telecommunications Service provide the service quality standards and consumer protection rules. Current Chapter PSC 165 rules include:

#### Chapter PSC 165 STANDARDS FOR TELECOMMUNICATIONS SERVICE

165.010	General.	165.066	Protection of utility facilities.
165.020	Definitions.		Interference with public service
165.031	Retention of records.		structures.
165.032	Schedules to be filed with the	165.070	Provision for testing.
	commission.	165.071	Meter and recording equipment
165.033	Exchange area boundaries.		test facilities.
165.034	Utility accidents and interruptions.	165.072	Accuracy requirements.
165.040	Meter reading records.	165.073	Initial test.
165.041	Meter reading interval.	165.074	As-found tests.
165.042	Billing recording equipment.	165.075	Routine tests.
165.043	Information available to customers.	165.076	Request tests.
165.050	Customer billing.	165.077	Referee tests.
165.051	Deposits.	165.078	Test records.
165.052	Disconnection and refusal of service.	165.080	Adequacy of service.
165.0525	Deferred payment agreement.	165.081	Basic Utility Obligations.
165.053	Customer complaints.	165.082	Traffic and operator rules.
165.0535	Dispute procedures.	165.083	Answering time objectives.
165.054	Held applications.	165.084	Dial service objectives.
165.055	Directories.	165.085	Interoffice trunks.
165.060	Construction.	165.086	Transmission requirements.
165.061	Maintenance of plant and equipment.	165.087	Minimum transmission objectives.
165.062	Line fills.	165.088	Public telephone service.
165.063	Central office equipment.	165.089	Interruptions of service.
165.064	Interconnection service standards.	165.090	
165.065	Emergency operations.	165.091	Safety program.

Chequamegon complies with Federal Communications Commission ("FCC") rules regarding:

- Verification of orders for telecommunications service as required of submitting carriers FCC 47 C.F.R ξ 64.1100.
- All of the requirements of 47 C.F.R ξ Part 64 Subpart U, Customer Proprietary Network information and Federal Trade Commission 16 C.F.R ξ 681, Identity Theft Red Flags.

SAC: 330860 State: Wisconsin

Chequamegon Communications Cooperative, Inc.

Form 481 Line No.: 610 Functionality in Emergency Situations

Chequamegon Communications Cooperative, Inc ("Chequamegon") complies with the Public Service Commission of Wisconsin ("PSC") applicable Orders and the PSC Wisconsin Administrative Code when providing telecommunications service. Chequamegon complies with PSC 165.065 Emergency Operations for functionality in emergency situations as follows:

Chequamegon has established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness of personnel, or from fire, storm, or similar emergencies as follows:

- Inform employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service.
- Back up battery service in each central office to ensure functionality without an external power source.
- Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Rerouting of traffic around damaged facilities.
- Capable of managing traffic spikes resulting from emergency situations.

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	330860
<015>	Study Area Name	CHEQUAMEGON COM COOP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com

 <701> Residential Local Service Charge Effective Date
 1/1/2016

 <702> Single State-wide Residential Local Service Charge
 21.95

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
\d1>	\42>	\u_3/	1012	Residential Local	1037	\U+/	Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
WI	All Exchanges		FR	21.95	0.0	0.83	0.0	22.78

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330860
<015>	Study Area Name	CHEQUAMEGON COM COOP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	<d3></d3>		<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	WI	All	59.99	0.0	59.99	10.0	1.0	0.0	Other, No limit on usage allowance
	WI	All	79.99	0.0	79.99	30.0	3.0	0.0	Other, No limit on usage allowance
	WI	All	119.99	0.0	119.99	100.0	10.0	0.0	Other, No limit on usage allowance
	WI	All	199.99	0.0	199.99	1000.0	25.0	0.0	Other, No limit on usage allowance

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		330860
<015>	Study Area Name		CHEQUAMEGON COM COOP
<020>	Program Year		2017
<030>	Contact Name - Person USA	AC should contact regarding this data	Daryn Parker
<035>	Contact Telephone Number - Number of person identified in data line <030>		7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>		dparker@tcatel.com
<810>	Reporting Carrier	Chequamegon Communications Coop.	
<811>	Holding Company	Chequamegon Communications Cooperative, Inc	·
<812>	Operating Company	Norvado, Inc.	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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# **Line 1210: Lifeline Terms and Conditions**

Lifeline subscribers receive unlimited local calling at a discount of \$13.85. Chequamegon Communications Cooperative complies with state and federal rules/regulations concerning Lifeline programs. Toll calls are charged at standard rates.



P.O. BOX 67 CABLE, WI 54821 PHONE 715-798-3303 FAX 715-798-3044

www.cheqtel.com

#### MILESTONE CERTIFICATION

June 20, 2016

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street SW Room TW-A325 Washington, D.C. 20554

Re: Form 481 Line 3010 - Milestone Certification Pursuant to 47 C.F.R. § 54.313(f)(1)(i)

Dear Ms. Dortch:

Chequamegon Communications Cooperative, Inc., Study Area Code 330860, in accordance with 47 C.F.R. § 54.313(f)(1)(i) of the Commission's rules, herby certifies that it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time.

Respectfully submitted,

Chad Young

Chief Executive Officer - Chequamegon Communications Cooperative, Inc.

## **REDACTED - FOR PUBLIC INSPECTION**

# **REDACTED**

[The Financial Statement of Chequamegon Communications Cooperative filed pursuant to 47 C.F.R. § 54.313(f)(2) is redacted in its entirety as Highly Confidential Information]